

11/31

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
							09/601168	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	
2		1					52	
3		2					53	
4		3					54	
5		4					55	
6		5					56	
7		6					57	
8		7					58	
9		8					59	
10		9					60	
11		10					61	
12		11					62	
13		12					63	
14		13					64	
15		14					65	
16		15					66	
17		16					67	
18		17					68	
19		18					69	
20		19					70	
21		20					71	
22		21					72	
23		22					73	
24		23					74	
25		24					75	
26		25					76	
27		26					77	
28		27					78	
29		28					79	
30		29					80	
31		30					81	
32		31					82	
33		32					83	
34		33					84	
35		34					85	
36		35					86	
37		36					87	
38		37					88	
39		38					89	
40		39					90	
41		40					91	
42		41					92	
43		42					93	
44		43					94	
45		44					95	
46		45					96	
47		46					97	
48		47					98	
49		48					99	
50		49					100	
TOTAL IND.	1						TOTAL IND.	
TOTAL DEP.		6					TOTAL DEP.	
TOTAL CLAIMS	7						TOTAL CLAIMS	